| COVERING JANUARY I THROUGH JUNE 30 DUE AUGUST 15 COVERING JULY I THROUGH DECEMBER 31 DUE FEBRUARY 15 | |
|---|-------------------------------------|
| DOD PEDROART IS | FOR OFFICE USE ONL Postmark Date: m |
| Print in ink or type. Fill in Registration Number in spaces provided. Complete form and return to the Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge, LA 70809 (225) 922-1400. This form must be delivered or postmarked by the due date. This form may be faxed to (225) 922-1414. The original should be forwarded on the day of fax transmittal. | ERA 19 71 1:55 |
| 1 Name REYNAUD CLAUSE = STA | 1000141 |
| 1. Name REYNAUD CLAUDE F. VR. Last First MI | |
| 2. Business Address Po. Boy 3197 BAIDD ROOLS Street and No. City | CA 7087 |
| Mailing Address SAME | |
| 3. Business Phone (235) 387 - 9000 Area Code and Telephone Number | |
| 4. Total of all expenditures made January 1 through June 30: \$ | <u> </u> |
| 5. Total of all expenditures made July 1 through December 31: \$ | 0 |
| 6. Total of all expenditures made during calendar year: (Line 4 edded with Line 5 should equal Line 6) | 0 |
| 7. Did you make an expenditure exceeding \$50 on one occasion for any one legi | islator: \$ 100 |
| From January 1 through June 30? | NA 19 AVA |
| If the answer to either question in Number 7 above is YES, please complete Se | 4.0 |
| Form 502, Rey, 439 | . 10 |

LOBBYING EXPENDITURE REPORT



| 8, | Did you make expenditures exceeding the sum of \$250 for any one legislator: | |
|----|---|--|
| | From July 1 through December 31? Yes No No NA | |
| | If the answer to either question in Number 8 above is YES, please complete Schedule A and attach. | |
| 9. | 9. Did you expend funds for a reception, social gathering, or other function to which the entire legislature, either house, any standing committee, select committee, statutory committee, committee created by resolution of either house, subcommittee of any committee, recognized caucus, or any delogation thereof were invited during the reporting period? | |
| | □ Ycs □ No | |
| | If the answer to Number 9 above is YES, please complete Schedule B and attach. | |
| | | |
| | | |
| | | |
| | CERTIFICATION OF ACCURACY | |
| | I hereby certify that the information contained herein is true and correct to the best of my knowledge, | |
| | information, and belief; that all reportable expenditures have been included herein; and that no | |
| | information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately | |
| | Signature of Lobbyist | |
| | | |

Form 502, Rev. 6/98